

# *System of Care Quality Improvement Evaluation Child and Family Team Observation Code Book*

## GENERAL GUIDELINES

- ❖ When completing the form, you should keep in mind that your responses should reflect a “snapshot” of how this team is operating in the current meeting only, and should NOT reflect a more global perspective of how the team has operated across time.
- ❖ There may be circumstances in which you have information regarding the child/family you are observing that was not borne out from observing the team meeting, but *instead is a product of outside involvement* with the child/family in some capacity. You should NOT use this outside knowledge when completing the Process Outcomes Form.
- ❖ At the beginning of the team meeting, be sure to make a list of all of the team members and their role on the team (e.g., child’s therapist, neighbor of family). You will need this list to answer many of the questions.
- ❖ Many of the questions request you calculate an approximate percentage rating. In doing so, you should take into consideration as much information as you have available from the current written plan (and additions made that day), as well from observation of the team in process to arrive at your best estimate for these percentage ratings.
- ❖ While some of the items can be completed with ease in the beginning of the meeting, it is best to reserve rating the questions until immediately after the end of the team meeting, since the content of what transpired over the course of the *entire* meeting should be the basis on which you answer the questions.
- ❖ Finally, **it is very important that your ratings be accompanied by as much “supporting data” as possible.** In other words, documentation should be provided on the Comments spaces to describe why you rated an item in a particular manner. In addition, **please provide suggestions about how the team process could have been improved** (i.e., don’t just point out what was wrong). This type of detailed feedback will be much more valuable to service coordinators as they attempt to use the feedback to improve in the future.

**1. Did the Coordinator of this planning meeting provide an introduction that clearly stated the focus and purpose of this is particular meeting?**

Scoring:

1. **YES** – *Introduction was clear, state positively and provided a focus for the group so that goals of meeting may be accomplished.*
2. **NO** – *Introduction of the meeting's purpose either did not take place or it was not clear what the purpose of the meeting was.*

**2. Were strengths presented, posted (or handed out on paper), reviewed and added to during the introduction?**

**3. Did the Coordinator use an agenda for the meeting?**

Scoring:

1. **YES** – *At the time of the observation, a written agenda was either posted, reviewed or passed out to members.*
2. **NO** – *There was no written agenda.*

**4. If an agenda was used, what portions of the following list were applied? (Please check all that apply)**

1. All components of the agenda list should be present for a Child and Family Team meeting. However, some agendas may “review” some items as apposed to covering each agenda item fully.

**5. Did the Coordinator document any updates, new goals, needs or strategies noted in the meeting?**

Scoring:

1. **YES** – *At the time of the observation, all new commitments and changes in the plan were documented. If not written directly on the current plan form, documentation will ensure that what was stated in the meeting is what will be reflected on the plan form later,*
2. **NO** – *Nothing was documented.*

**6. Were copies of commitments made for team members before they left the meeting?**

Scoring:

1. **YES** – *At the time of the observation, all members received a copy of what was documented before they left the room.*
2. **NO** – *No members received copies of what the Coordinator documented during the meeting.*

**Comments:** Sometimes meetings are held in the community (i.e. homes, churches, etc.). Please note this so that it is clear that copies were not an option due to location as opposed to not making copies for members.

## 7. Were services based in the community where the youth and family live?

Scoring:

8. **YES** – At the time of the observation, all services are received in county
9. **NO** – There is at least one service that is provided outside of county.

## 8. Does the person centered plan involve three or more life domains? Check those appropriate.

Scoring:

1. **RESIDENTIAL** - where the child is living.
2. **FAMILY/SURROGATE FAMILY** - family relationships/conflict, etc.
3. **SOCIAL** - youth's interactions/relationships with people outside of the family.
4. **EDUCATIONAL/VOCATIONAL** - school or job-related.
5. **MEDICAL** - physical health, illness, or medication issues.
6. **PSYCHOLOGICAL/EMOTIONAL** - behavioral/ emotional/psychiatric problems such as acting out, sadness, anxiety, hyperactivity, suicidality, anger, delusional, aggression, etc.
7. **LEGAL** - delinquent behavior, arrests, probation, court appearances, etc.
8. **SAFETY** - suicidality, running away, etc.
9. **OTHER** – any remaining life domain that does not fit into one of the above categories.

## 9. To what extent do interventions reflect family cultural values/preferences/differences?

*Interventions that reflect the cultural values, preferences and differences of the family take into account the unique aspects of the family's circumstances when they are incorporated into the person centered plan. This may include (but is not limited to) factors such as: race/ethnicity, financial status, methods of child-rearing, the neighborhood in which the family lives, religious/spiritual beliefs, communication style, beliefs about mental illness, physical disabilities, etc .*

Scoring:

1. **EXCELLENT** – All interventions reflect family cultural values/preferences/differences.
2. **ACCEPTABLE** – Most (at least 50%) interventions reflect family cultural values/preferences/differences.
3. **POOR** – Few (less than 50%) if any interventions reflect family cultural values/preferences/differences.

- ☐ **Check here if a low rating on this scale is due to the fact that the family's preferences are inconsistent with the program goals.** – the most common scenario for which this box will be checked is when the family's preference is to place the youth out of the home/community (which is inconsistent with

*the program goal of keeping youth in the home). There may be other circumstances in which program philosophy overrides family preferences.*

**10. To what extent was the person centered plan developed by a child and family team with representation of persons with similar cultural background as the family?**

*There are individuals on the team who share the family's cultural beliefs and/or background, as evidenced by the following:*

- *Belonging to the same race/ethnic group*
- *Living in the same or similar neighborhood*
- *Sharing similar life experiences (e.g., parent of a child with SED)*
- *Having been asked by the family members to participate on the team*

**Scoring:**

1. **EXCELLENT** – *There is at least one individual on the team who meets at least two of the above criteria.*
2. **ACCEPTABLE** – *There is at least one individual on the team who meets one of the above criteria.*
3. **POOR** – *There are no individual on the team (excluding child and caregiver) who are of the same race, living in the same neighborhood, who have shared similar life experiences, or have been asked by the family members to participate on the team.*

**11. To what extent is a strengths-based planning methodology utilized in person centered planning?**

*A strengths-based planning methodology includes a) identification of child/family strengths via a strengths-based assessment (which should be contained within the person centered plan), and b) direct use of identified strengths in the interventions contained within the person centered plan.*

*For example, if an identified strength of the youth is that s/he is “good at sports/athletic”, an intervention based on this strength would be to have the youth participate in a team sport in order to meet the goal of improving the youth's social skills.*

**Scoring:**

1. **EXCELLENT** – *Strengths are identified and all interventions of the person centered plan utilize child and family strengths.*
2. **ACCEPTABLE** – *Strengths are identified and are utilized in some, but not all interventions contained in the person centered plan*
3. **POOR** – *Strengths are not identified and/or are not utilized in the person centered plan.*

**12. A. Were family members of the child present at the CFT meeting?**

**Scoring:**

1. **YES** – *At least one caregiver/parent was present at the CFT meeting.*

2. **NO** – *No caregiver/parent was present at the CFT meeting.*

**B. Was the child present at the CFT meeting?**

Scoring:

1. **YES** – *Child was present for some portion of the CFT meeting.*
2. **NO** – *Child was not present for any of the CFT meeting.*

**If the child not present, what is the reason?**

Scoring:

1. **CHILD REFUSED** – *child was invited to attend meeting, but refused.*
2. **CLINICALLY CONTRAINDICATED** – *team members believe it is in the best interest of the child not to be present because child's behavioral/emotional problems would make it difficult for child to attend/participate.*
3. **ILLNESS** – *child was scheduled to attend meeting, but became ill.*
4. **SCHEDULING CONFLICT** – *child was invited to attend meeting, but was unable to attend because of another meeting, class, activity that was scheduled to occur at the same time.*
5. **PLACED OUTSIDE COMMUNITY** – *child could not attend meeting because s/he is currently residing in a detention center, training school, hospital, or some other type of facility that is located outside of Guilford County.*
6. **OTHER** – *any reason other than those listed above.*

**13. To what extent do the child and parents have input into the person centered plan such that it can be said to be theirs?**

Scoring:

1. **EXCELLENT** – *Child and family are active participants and clearly have input into plan development. Team members listen and modify plan accordingly.*
2. **ACCEPTABLE** – *Child and family participate in some aspects of plan development, but do not provide significant input.*
3. **POOR** – *There is a notable lack of child and family participation and/or team members do not adjust the plan based on family input.*

**14. Does the family have adequate advocacy support (this can include self-advocacy)?**

Scoring:

1. **YES** – *Family members can and do advocate for themselves, or there is an advocate present who speaks on behalf of the family (with authority to do so from family) about the needs and desires of the family.*
2. **NO** – *Family members cannot advocate for themselves AND there is not an advocate present who effectively speaks on behalf of the family.*

**15. To what extent are naturally occurring community resources (including flex funds) included in the plan?**

*Naturally occurring community resources are defined as services/interventions that do not cost the “BIG 5” public agencies money (The Local Management Entity; Public Health; Schools; Juvenile Justice; Department of Social Services). Any service in the plan that is paid with flex fund dollars is considered a community resource. Community resources can include (but are not limited to) such things as: church groups, Big Brother/Big Sister, respite provided by relative, tutoring, Boys and Girls Club.*

Scoring:

1. **EXCELLENT** – *At least 50% of interventions contained in the person centered plan rely on community resources.*
2. **ACCEPTABLE** – *Between 10 and 50% of the interventions contained in the person centered plan rely on community resources.*
3. **POOR** – *Less than 10% of the person centered plan interventions utilize community resources.*

**16. To what extent is the team made up of individuals (excluding agency personnel) with access to informal resources for the family?**

*Team members counted towards this percentage must meet both of the following two criteria:*

- *They are not there because of their affiliation with a service agency. Instead, they are serving as an advocate, family member, friend, neighbor, pastor, etc.*
- *They have accessed or will access informal resources for the family as part of the person centered plan*

Scoring:

1. **EXCELLENT** – *More than 50% of team members meet both of the above criteria.*
2. **ACCEPTABLE** – *Between 10 and 50% of team members meet both of the above criteria.*
3. **POOR** – *Less than 10% of team members meet both of the above criteria.*

**17. A. Was the person centered plan developed by two or more agencies?**

Scoring:

1. **YES** – *It was evident during the meeting that at least two of the “Big 5” agencies have contributed to the development of this family’s person centered plan.*
2. **NO** – *Only one of the “Big 5” agencies have contributed to the development of this family’s person centered plan thus far.*

**B. Was the person centered plan funded by two or more agencies?**

Scoring:

1. **YES** – *At least two of the “Big 5” agencies are funding the person centered plan, as evidenced by contributions of staff time and/or resources.*
2. **NO** – *Only one of the “Big 5” agencies has funded this family’s person centered plan thus far.*

**18. Check all parties present at today’s meeting (do not include team members who were not in attendance):**

Scoring:

1. **PARENT** – *the biological parent of a child*
2. **CAREGIVER** – *caregiver such as residential program, foster or therapeutic parents, relative placements – any caregiver other than the biological parent.*
3. **YOUTH** – *youth identified for services*
4. **FRIENDS OF THE FAMILY** – *friends, neighbors, etc.*
5. **FAMILY MEMBERS** – *other members of immediate/extended family*
6. **CHURCH/RELIGIOUS** – *pastors, clergy members, fellow parishioners, etc.*
7. **PUBLIC HEALTH** – *nurses (including school nurses), physicians, etc.*
8. **JUVENILE JUSTICE** – *court counselors, judges, etc.*
9. **LOCAL MANAGEMENT ENTITY** – *any services provided by the LME and care coordination and/or review*
10. **SCHOOL** – *principals, teachers, bus drivers, behavioral aides from Public Schools*
11. **SOCIAL SERVICES** – *social workers, foster parents, etc.*
12. **FAMILY ADVOCATES** – *advocates from MHA, guardian ad litem, etc.*
13. **PRIVATE MENTAL HEALTH SERVICE PROVIDERS** –
14. **NON-PROFIT AGENCY** – *community organizations that provide supports to families (advocacy agencies, MHA, Partnership for Children, etc.)*
15. **OTHER** - *any category other than those listed above.*

## **19. Do professionals on the CFT need additional training in SOC/Wraparound principles?**

### Scoring:

*Refer to attached sheet for summary of System of Care and Wraparound Principles. Examples of situations in which professionals need additional training include but are not limited to the following:*

- *A professional insists that the best placement for the child is in a restrictive setting outside of the child's community (e.g., detention center, wilderness camp, group home), before other placements have been explored;*
  - *A professional continually focuses on deficits and refuses to acknowledge strengths;*
  - *A professional is disinterested in the family's perspective during the person centered planning process;*
  - *A professional refuses to collaborate with team members from other agencies in the person centered planning process;*
  - *A professional does not take the family's culture into consideration when engaging in the treatment planning process;*
  - *A professional attempts to reject child/family from services, or "gives up" on child when things get tough.*
1. **YES** – *At least one professional on the team exhibits behavior or makes statements that demonstrate a need for further training on SOC principles/wraparound.*
  2. **NO** – *All professionals appear to understand wraparound/SOC philosophy; they do not make statements or exhibit behaviors that are inconsistent with these philosophies.*

## **20. Does the service team plan to keep the family intact or to reunite the family?**

### Scoring:

1. **YES** - *the team includes goals in the plan that outline steps necessary for either a) keeping family members intact OR, b) reuniting family members in placement.*
2. **NO** - *The team does not includes goals in the person centered plan that are geared towards family preservation.*



## *SYSTEM OF CARE (CASS) PRINCIPLES/VALUES*

*The System of Care should...*

- ◆ Put the needs of the child and family first
- ◆ Keep services based in the community
- ◆ Offer services that are culturally competent
- ◆ Offer a wide range of services that meet the needs of children with special needs and their families
- ◆ Offer services based on the strengths and needs of the individual children and their families
- ◆ Offer services that keep the children in their homes if possible
- ◆ Involve families as partners in planning and serving children and their families
- ◆ Offer services that are coordinated across agencies
- ◆ Offer case management services
- ◆ Promote early identification and intervention of children with special needs
- ◆ Offer smooth transition to adult services
- ◆ Protect the rights of children and promote advocacy for children and their families
- ◆ Offer services that are responsive to cultural differences and special needs of children and their families

## *WRAPAROUND PRINCIPLES*

- ❖ Wraparound efforts must be based in the community
- ❖ Services and supports must be individualized to meet the needs of the children and families
- ❖ The process must be culturally competent and build on the unique values, preferences, and strengths of children and families
- ❖ Parents must be included in every level of development of the process
- ❖ Agencies must have access to flexible, non-categorized funding
- ❖ The process must be implemented on an inter-agency basis and be owned by the larger community
- ❖ Wraparound plans must include a balance of formal services and informal community and family resources
- ❖ Services must be unconditional. If the needs of the child and family change, the child and family are not to be rejected from services. Instead, the service must be changed.
- ❖ Outcomes must be measured